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ATTORNEY DOCKET NO. 0717-0514P

PLEASE NOTE:
YOU MUST
COMPLETE THE
FOLLOWING:

COMBINED DECLARATION AND POWER OF ATTORNEY FOR PATENT AND DESIGN APPLICATIONS

As a below named inventor, I hereby declare that: my residence, post office address and citizenship are as stated next to my name; that I verily believe that I am the original, first and sole inventor (if only one inventor is named below) or an original, first and joint inventor (if plural inventors are named below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

BACKLIGHT UNIT AND LIQUID CRYSTAL DISPLAY APPARATUS COMPRISING THE SAME

Insert Title:				·		
•	the specification of which is attached hereto	. If not attached heret	ο,			
Fill in Appropriate Information - For Use Without Specification Attached:	the specification was filed on				as	
	United States Application Number	er		·····	<u> </u>	
	and amended on			(if application	able); and/or .	
	the specification was filed on				as PCT	
	International Application Number	x			; and was	
	amended on			(f applicable)	
	I hereby state that I have reviewed and by any amendment referred to above. I acknowledge the duty to disclose info §1.56. I do not know and do not believe the thereof, or patented or described in any proprior to this application, that the same was application, that the invention has not be application in any country foreign to the U more than twelve months (six months for on this invention has been filed in any correpresentatives or assigns, except as follows. I hereby claim foreign priority benefit or inventor's certificate listed below and here	c same was ever know inted publication in a not in public use or onen patented or made inited States of Ameridesigns) prior to this buntry foreign to the lows.	erial to patentability as definenced in the United States of sale in the United States of the subject of an inventor's ca on an application filed by application, and that no applicated States of America provided States of America provided States Code, §119 (a)-(tes of America before invention thereof for America more that certificate issued of me or my legal replication for patent frior to this application of any foreign and of any foreign any foreign and of any foreign any foreign and of any foreign and of any foreign any foreign and	of Federal Reg ore my or our if for more than an one year pri- before the dat presentatives of or inventor's co- tion by me or	gulations, invention one year or to this ce of this r assigns ertificate my legal or patent
	a filing date before that of the application			•		J
Insert Priority Information:	Prior Foreign Application(s)	Janan	September	18 2002	•	Claimed
	2002-272308	Japan			X	
	(Number)	(Country)	(Month / Day / Y	cai Filed)	Yes	No
	(Number)	(Country)	(Month / Day / Y	ear Filed)	Yes	No
insert Provisional Application(s):	I hereby claim the benefit under Title 35, United States Code, §119(e) of any United States provisional application(s) listed below.					
	(Application Number)			(F	iling Date)	
	(Application Number)					
	All Foreign Applications, if any, for any Patent or Inventor's Certificate Filed more than 12 months (6 months for designs) Prior to the Filing Date of this Application:					
insert Requested information:	Country	·	Application Number	Date of Fi	ling (Month/Da	ay/Year)
	I hereby claim the benefit under Title 35, United States Code, §120 of any United States and/or PCT application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States and/or PCT application in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations, §1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application:					
Application(s):	(Application Number)	. (Filing D	ate)	(Status - patented, pend	ling, abandoned)	
Page 1 of 2	(Application Number)	(Filing D	ate)	Status - patented, pend	fing, abandoned)	

I hereby appoint the practitioners at CUSTOMER NO. 2292 as my attorneys or agents to prosecute this application and/or an international application based on this application and to transact all business in the Patent and Trademark Office connected therewith and in connection with the resulting patent based on instructions received from the entity who first sent the application papers to the practitioners, unless the inventor(s) or assignee provides said practitioners with a written notice to the contrary:

Send Correspondence to:

· DATE OF SIGNATURE

PLEASE NOTE:

BIRCH, STEWART, KOLASCH & BIRCH, LLP or CUSTOMER NO. 2292 P.O. Box 747 • Falls Church, Virginia 22040-0747

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I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

COMPLETE THE FOLLOWING:			,				
Full Name of First or Sole Inventor:	GIVEN NAME FAMILY NAME	, INVENTOR'S SIGNATURE	DATE*				
Insert Name of Inventor Insert Date This Document is Signed	Kentaroh AOKI	Kentaroh AoKI	June 30, 2003.				
Insert Residence	Residence (City, State & Country) CITIZENSHIP						
Insert Citizenship		pan					
Insert Mailing Address	MAILING ADDRESS (Complete Street Address including City, State & Country) 302 Oparu, 115-1, Sotogomagaricho, Matsusaka-shi, Mie. Japan						
Full Name of Second Inventor, if any:	GIVEN NAME FAMILY NAME	INVENTOR'S SIGNATURE	DATE*				
see above	Residence (City, State & Country)	CITIZENSHI	P				
	MAILING ADDRESS (Complete Street Address incli	uding City, State & Country)					
Full Name of Third Inventor, if any	GIVEN NAME FAMILY NAME	INVENTOR'S SIGNATURE	DATE*				
see above	Residence (City, State & Country)		CITIZENSHIP				
	MAILING ADDRESS (Complete Street Address including City, State & Country)						
Full Name of Fourth havening, if any	GIVEN NAME FAMILY NAME	INVENTOR'S SIGNATURE	DATE*				
see above	Residence (City, State & Country)	CITIZENSHIP	•				
	MAILING ADDRESS (Complete Street Address including City, State & Country)						
Full Name of Fifth hyventor, if any	GIVEN NAME FAMILY NAME	INVENTOR'S SIGNATURE	DATE*				
see above	Residence (City, State & Country)	CITIZENSHIP					
	MAILING ADDRESS (Complete Street Address including City, State & Country)						
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